

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County MaconRegistration District No. 533Township MaconPrimary Registration District No. 3027City Macon (No. ....)File No. 21104Registered No. 51

St. .... Ward)

2. FULL NAME Daniel Hughes

(a) Residence, No. ....

St. ....

Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. ....

mos. ....

ds. ....

How long in U. S., if of foreign birth?

yrs. ....

mos. ....

ds. ....

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1878

## 7. AGE

YEARS 56MONTHS 2DAYS 17

If LESS than 1 day, .... hrs. .... min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Mines

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

## 10. Date deceased last worked at this occupation (month and year) ....

## 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) Bever  
(STATE OR COUNTRY) Mo

## FATHER

13. NAME John Hughes14. BIRTHPLACE (CITY OR TOWN) Waver  
(STATE OR COUNTRY) Mo

## MOTHER

15. MAIDEN NAME Elizabeth Hughes16. BIRTHPLACE (CITY OR TOWN) Waver  
(STATE OR COUNTRY) Mo17. INFORMANT John Holway  
(ADDRESS) Bever Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE BeverDATE 6/419. UNDERTAKER W. S. Edwards  
(ADDRESS) Bever Mo20. FILED June 1, 19341934June 11934MoMoMoMoMoMoMoMoMoMoMoMoMoMo

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 193422. I HEREBY CERTIFY That I attended deceased from March, 1934, to June 2, 1934I last saw him alive on June 1, 1934 Death is saidto have occurred on the date stated above, at 3:30 P. m.

The principal cause of death and related causes of importance were as follows:

Multiple Sclerosis Jan 1934

Date of onset

8/1/34

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .... Date of injury, 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

, M. D.

(Address)

W. S. Edwards  
Macon, Mo.

